MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

serial no. 10/583547 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

15

						(CLAIN	IS	* .	,				
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ^{bd} AMENDMENT				AS FILED		AFTER 1*AMENDMENT		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1	! .	IND.	DEP.	IND.	DEP.	IND.	DEP
1							1	51						17151
2		1 2]	52						
3		00 00	<u> </u>	╂╂		ļ	Ī	53	 		(+0	ļ		
5		8		 		ļ	ł	54 55					<u> </u>	
6		3		1 1			i	56		 -				
7		8					1	57		· ·				
8	ļ			<u> </u>]	58						· · · · · ·
9 10		Ø					1	59						
11	 	8		-		·	Ī	60						
12		Ø		 				62						
13		999					İ	63						
14		0			·]	64						
15 16	 						l	65						
17							ł	66 67						
18							l	68						
19							[69				· ·	.,	
20								70						
21 22				ļ	 			71						
23								72 73						
24							V	74						
25								75						
26 27								76						
28							. (77						
29								78 79						
30								80						
31								81						
32 33								82						
34								83						
35								84 85		<u> </u>				
36								86						
37 38							ŀ	87						
38 39							Į.	88						
40							ł	89						
41								90 91				<u> </u>		
42			100.00					92						
43								93						
44 45								94						
46								95						
47								96 97						
48							ŀ	98						
49							ı	99					+	
50 OTAL								100						
IND.		#		4		#	ſ	TOTAL IND.		1		1		1
OTAL DEP.		+	15	+ [J	4		TOTAL DEP.		4	J	<u>.</u>		4
OTAL LAIMS			16				1	TOTAL CLAIMS			is a			
O - 1360 (REV. 11/04)								U	.S. DEPART	MENT of CO demark Office	MMERCE			